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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

AGENDA ITEM 3.3

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University Health Board Report

QUARTER 4 UPDATE ON CWM TAF UNIVERSITY HEALTH BOARD'S INTEGRATED MEDIUM TERM PLAN 2018 – 2021

Executive Lead: Deputy Chief Executive / Director of Planning & Performance, Director of Finance & Procurement and the Director of Workforce and Organisational Development.

Author: Assistant Director of Planning and Partnerships

Contact Details for further information: Clare Williams
clare.williams11@wales.nhs.uk

Purpose of the Health Board Report

This report updates the Health Board on the progress made in implementing Cwm Taf UHB's Integrated Medium Term Plan (IMTP) 2018-21 in the fourth Quarter of 2018/19 (January 2019 – March 2019) and seeks approval for the report.

Governance

Link to Health Board Strategic Objective(s)

The Board's overarching role is to ensure its strategic objectives, and the related organisational objectives outlined within the 3 Year Integrated Medium Term Plan 2018-2021, are being progressed. Aligned with the 'Quadruple Aim' described within 'A Healthier Wales' (Welsh Government, June 2018) these objectives are:

- To **improve** quality, safety and patient experience.
- To **protect** and **improve** population health.
- To **ensure** that the services provided are accessible and sustainable into the future.
- To **provide** strong governance and assurance.
- To **ensure** good value based care and treatment for our patients in line with the resources made available to the Health Board.

Supporting evidence

A full version of the UHB's Integrated Medium Term Plan 2018-2019 and supporting annexes are available electronically via the following web link:

[Integrated Medium Term Plans \(3 Year Plans\) - Cwm Taf University Health Board](#)

Engagement – Who has been involved in this work?

Development of the IMTP for 2018–2021 was underpinned by an internal and external engagement process.

Health Board Resolution to:							
APPROVE	✓	ENDORSE		DISCUSS	✓	NOTE	✓
Recommendation		The Health Board is asked to: <ul style="list-style-type: none">• DISCUSS and NOTE the progress made against the Plan in Quarter 4 of 2018/19.• APPROVE the report for onward submission to the Health Board and Welsh Government.					
Summarise the Impact of the Health Board Report							
Equality and diversity		An overarching Equality Impact Assessment of the IMTP has been completed and considered by the HB's Equality & Welsh Language Forum.					
Legal implications		A number of indicators monitor progress in relation to legislation, such as the compliance with national targets and measures and compliance to statutory duties.					
Population Health		Assessment of Population Health including a range of actions to improve Population Health, predicated on the Health Needs Assessment is included in the Plan and developed in a number of supporting plans in further detail.					
Quality, Safety & Patient Experience		Quality, Safety and Patient Experience is a major theme running throughout the IMTP and is based on the HB's Quality Strategy and Delivery Plan.					
Resources		There are a range of resource implications for the delivery of the Plan which will be re-visited and revised as required, as part of the ongoing planning and risk management processes.					
Risks and Assurance		Principal risks to delivery & mitigating actions are identified in the current Plan and will be re-visited with a view to updating these. In terms of the forthcoming planning process, the Health Board's Integrated Planning Group will keep risks under review and develop mitigating actions accordingly.					
Health & Care Standards		The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes: Staying Healthy; Safe Care; Effective Care; Dignified Care; Timely Care; Individual Care; Staff & Resources http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf . The work reported in this summary and related annexes take into account many of the related quality themes.					
Workforce		The IMTP identifies a range of areas that will impact on workforce which include developing the workforce, realigning staff numbers and using indicators to monitor progress in relation to Workforce, such as sickness and Personal Development Review rates.					
Freedom of information status		Open					

QUARTER 4 UPDATE ON CWM TAF UNIVERSITY HEALTH BOARD'S INTEGRATED MEDIUM TERM PLAN 2018 – 2021

1 SITUATION / PURPOSE OF REPORT

This report provides an update on progress made in the fourth Quarter of 2018/19 (January 2019 – March 2019) and should be read in conjunction with the Quality, Performance and Finance Dashboard reports submitted regularly to the Executive Board and Health Board in terms of an ongoing and detailed assessment of progress.

This Quarterly report provides summary updates from the following areas:

- Quality
- Planning & Partnerships
- Performance
- Workforce
- Finance
- Governance.

2 BACKGROUND / INTRODUCTION

In October 2017, the Welsh Government published the NHS Planning Framework 2018/21 which required each Health Board and NHS Trust in Wales to prepare and submit a Board approved three year Integrated Medium Term Plan (IMTP) to Welsh Government by 29 March 2018. The updated NHS Planning Framework for 2018-21 required Health Boards and NHS Trusts to demonstrate efficiency and value for money in achieving the 'Triple Aim' of improving outcomes, improving experience and achieving best value in the way we use our resources. It placed a greater emphasis upon the following areas:

- The Well-being of Future Generations (with a particular focus on how IMTPs are adopting the sustainable development principles and contributing to the well-being goals).
- Quality and safety.
- Prudent and value based healthcare.
- Integration.
- Collection working (including partnership working, regional planning and between Health Boards and trusts.
- Maturity and continued improvement across all service areas.

Hyperlinks to the approved IMTP 2018-21, the associated Cwm Taf and Welsh Government annexes and Cwm Taf IMTP Summary document 2018 – 2021 can be accessed as follows [Integrated Medium Term Plans \(3 Year Plans\) - Cwm Taf University Health Board](#)

3 ASSESSMENT / GOVERNANCE AND RISK ISSUES

3.1 Quality

Members will note that during the reporting period, the Health Board's escalation status was changed from 'Routine' monitoring to 'enhanced' and a number of the key drivers for this change in status, related to quality governance issues raised in the Wales Audit Office (WAO) structured assessment review; the Human Tissue Authority (HTA) inspection; Maternity Services and Serious Untoward Incident reporting and investigation; IR(Me)R inspection undertaken by Healthcare Inspectorate Wales (HIW); Nurse Staffing Act compliance and other general concerns on the Health Board's completion of related corrective action.

At the time of compiling this report, the Joint Royal Colleges Review of Maternity Services, commissioned by the Minister for Health & Social Care, was published on 30 April 2019. The report identified significant failings and makes a large number of recommendations.

Action is being taken, where necessary, to address the reported issues along with changes to the Board's governance arrangements, including increased meeting frequency of the Quality, Safety & Risk Committee (from quarterly to monthly), to ensure sufficient time is in place to fully consider and scrutinise this important area of the Board's work, along with reporting and where appropriate, escalation to the Board.

During Quarter 4, the Health Board's Quality and Patient Safety Governance Framework has been approved by the Executive Board and endorsed by the Quality, Safety and Risk Committee. With the direction and engagement of the Executive Team, a comprehensive implementation plan is being developed with the aim of presenting this for final agreement to May 2019 Executive Board.

Implementation of the annual audit and clinical effectiveness plan has continued with an overall satisfactory level of compliance with national audits.

Development of the 2018-2019 Annual Quality Statement (AQS) has continued, with adherence to the pre-agreed timeline. The AQS is scheduled for publication by 31 May 2019. Going forward, the requirements of the Quality and Governance in Health and Care (Wales) Bill will influence the presentation of the Health Board's quality reports.

High level scrutiny continues in relation to the management of complaints and the reporting of serious incidents, both of which are subject to interventions to support improvement. The table below illustrates performance during Quarter 4.

For more information about the way in which the Health Board manages complaints, please see the most recent board papers.

Complaints

Complaints	Q1 Apr- Jun 2018/2019	Q2 Jul- Sep 2018/2019	Q3 Oct- Dec 2018/2019	Q4 Jan - Mar 2018/2019
Informal	214	279	304	334
Formal	88	79	80	86
Responses within 30 Working Days	43.0%	42.0%	54.0%	51.6%
Cases transferred to PSOW	5	4	14	10

Additional resource has continued in relation to supporting teams to achieve timely patient safety incident reporting and serious incident investigation to ensure learning can be implemented as soon as it becomes apparent.

Working to an action plan, performance in terms of reducing the number of outstanding closures has improved over Quarter 4, with the team confident this level of success can be maintained, supported by a revised means by which to investigate and report.

Serious Incident reporting

Serious Incidents	Q1 Apr- Jun 2018/2019	Q2 Jul- Sep 2018/2019	Q3 Oct- Dec 2018/2019	Q4 Jan - Mar 2018/2019
New Serious Incidents Reported	94	120	114	58
Outstanding Closures	54	91	86	29
Never Events	0	0	0	0

The Health Board's commitment to better understand the experience of the people who access services continues and has been targeted in clinical areas to support improvement work being undertaken, particularly in maternity and mental health services.

In March 2019, NHS Wales Shared Services Partnership undertook an audit into the way in which the Health Board approached patient experience. The areas that the review sought to provide assurance on were:

- The Health Board has a patient experience strategy in place detailing its commitment to listening to, and learning from, patient's experiences, and its approach to ensuring co-ordination of patient experience related activity.

- There are established and appropriate mechanisms and resources in place for the collection of patient experience feedback that covers all relevant areas within the Health Board.
- The Health Board triangulates specific patient experience information gathered with other types of data such as complaints, concerns, incidents and findings of service reviews.
- Patient experience reports, which highlight trends and themes, are reported regularly to the Board and other relevant forums.
- The Health Board takes timely appropriate action on both positive and negative patient experience feedback that it receives.

The audit generated 'reasonable assurance' and an action plan to remedy the three medium and one low priority recommendations.

Nursing & Midwifery Revalidation

Systems and processes are well established in alerting registrants to the need to re-register and/or revalidate. Further work is being progressed to refine the automated contribution to this function, which will mean more timely information will be available at a more local level, providing greater support to staff and increasing the ability to prevent inadvertent deregistration.

Infection Prevention and Control

	Rate of <i>C. difficile</i> per 100,000 population		Rate of <i>S. aureus</i> bacteraemia per 100,000 population		Rate of <i>E. coli</i> bacteraemia per 100,000 population		Rate of <i>Klebsiella</i> sp. bacteraemia per 100,000 population		Rate of <i>Pseudomonas</i> aer bacteraemia per 100,000 population	
	No. of cases	Rate (WG expectation)	No. of cases	Rate (WG expectation)	No. of cases	Rate (WG expectation)	No. of cases	Rate (WG expectation)	No. of cases	Rate (WG expectation)
Cwm Taf	55	18.39 (18)	100	33.44 (20)	277	92.62 (67)	65	21.73 (10% red)	19	6.35 (10% red)
All Wales	831	26.59	921	29.47	2482	79.42	628	20.09	196	6.27

Clostridium difficile (C.difficile). Cwm Taf UHB had less cases in 2018/19 compared to the previous year and continue to have the lowest rate of C.difficile infection in Wales. We marginally missed out on achieving the reduction expectation set by Welsh Government and ended the year with a rate of 18.39 per 100,000 population. A multidisciplinary Infection Prevention and Control (IPC) huddle is arranged to discuss and learn lessons from every C.difficile case.

S. aureus bacteraemia. The reduction expectation set for 2017/18 was not achieved and this was carried forward for 2018/19. This is a combined reduction expectation for methicillin resistant S.aureus (MRSA) and methicillin sensitive S.aureus (MSSA) and Cwm Taf was expected to achieve a rate of no more than 20 cases per 100,000 population.

At the end of Quarter 4, we have reduced our MRSA bacteraemia rate, had fewer cases compared to the same period in the previous year and have the lowest rate in Wales. The MSSA rate remains high and there has been an increase associated with peripheral and central venous access devices. A multi-faceted approach has been taken to improve insertion and management of these devices and focused improvement work has been introduced and continues. Multi-disciplinary huddles have been introduced in secondary care to discuss and learn lessons following all bacteraemias associated with intravenous catheters and training is being reviewed and updated. Detailed analysis to identify trends and hot spots will continue and further targeted improvement work will be introduced as required.

Due to the combined reduction expectation, we ended the year with a S.aureus bacteraemia rate of 33.44 per 100,000 population. None of the major Health Board's in Wales achieved the reduction expectation for 2018/19.

E.coli bacteraemia. Cwm Taf was expected to achieve a rate of no more than 67 cases per 100,000 population and ended the expectation period with a rate of 92.62 per 100,000 population. Over 70% of the E.coli bacteraemias were identified less than 48 hours following a patient's admission to hospital and interventions must be introduced in primary care to achieve the reductions expected. Additional infection prevention and control nurse resources are required in order to introduce the interventions needed in primary care to influence and improve patient safety. This need has been included in the IMTP. As a significant proportion of the E.coli bacteraemia has a urinary source, the IPC Team are working collaboratively with other disciplines to reduce gram negative bacteraemia associated with urinary catheters in secondary and primary care.

Klebsiella sp. and Pseudomonas aeruginosa bacteraemia. Two new reduction expectations were included in 2018/19 and a 10% reduction on the previous year's rate was expected for both. Cwm Taf UHB did not achieve the reductions expected and detailed analysis of local data will continue to identify trends and drive targeted improvement work.

3.2 Planning and Partnerships

When submitted, the former Cwm Taf UHB (CTUHB) was awaiting the outcome of the Welsh Government consultation on proposals to align the Bridgend Local Authority catchment population with that of Cwm Taf.

On 14 June 2018, Welsh Government announced that from 1 April 2019, the responsibility for providing healthcare services for people in the Bridgend County Borough Council area would transfer to Cwm Taf University Health Board. Since this announcement, CTUHB has worked jointly to with Abertawe Bro Morgannwg UHB to enable transition.

A Joint Transition Board was also established as a Committee of each Health Board to oversee the implementation of the boundary change.

A number of key development milestones, as set out within the IMTP, have been achieved across the organisation in Quarter 4, many of which have been reported separately and in detail to the UHB's Executive Board and/or Health Board. Some notable developments are include below:

Well-being – Self Care and Supported Self-Care



IMTP 2018/21 Priority 1. Embrace the prevention agenda, for example by encouraging our patients and staff to adopt 'one more healthy behaviour' and supporting the well-being of our communities with our partners, including the development of community zones.

During Quarter 4, Cwm Taf Public Service Board progressed delivery against the Cwm Taf Well-being Plan 2018-2023. The following work-streams are now established with progress reported regularly to both via Strategic Partnership Board (SPB) to Public Services Board (PSB):

1. Thriving Communities	Objective	Steps Year 1-2
	To promote safe, confident, strong, and thriving communities improving the wellbeing of residents and visitors and building on our community assets.	Develop Community Zones as an area or place based approach focussing support to improve outcomes for our areas with the greatest challenges.
	Progress	
	<p>Gurnos</p> <ul style="list-style-type: none"> Engagement plan agreed and implemented. Stakeholder group well established to deliver on the NRW environmental proposals- extensive community consultation completed on proposals. ICF funding secured and renovation plans agreed and progressing for the Single Point of Contact (SPOC) and community room. Partnership (Careers Wales) sponsorship secured for an interview pod (SPOC) Partnership approach in the recruitment of a community hub information advice and assistance officer. Discussion and planning progressed in the development of the Early Action Together model. 21st Century Community Learning Grant progressed to business case- joint application with a third sector organisation to develop a Community Café and Art and Media centre. Legacy grant approved (2019-20) providing funding for the Youth Provision and community development officer. Work ongoing with Third Sector organisations to develop a dementia friendly approach at the hub, the setting up of a support group, and the offer staff training. <p>Rhondda Fach</p> <ul style="list-style-type: none"> Fern Partnership have secured a further two years of funding from 1 April 2019 for the Community Coordinator post Building work on the Community Hub has started and on track; the childcare setting will be available from April 2019 and the library space is due to be completed in May. A formal launch of the Hub with all the services available is planned for the summer. Community Hub workforce development sessions have started with sessions coordinated until the launch date to ensure a one public service approach Neighbourhood Network Group are leading on the £10,000 NRW funding Health and Well-being and Early Years/Childcare events have taken place throughout February and March and will continue, led by the Community Coordinator. First Neighbourhood Network Meeting took place on Thursday 27 March Hub Staff took part in Dementia Awareness training therefore, the hub will be a Dementia Friendly Space Timetable of activities has been developed in partnership with the YEPS team using the resources funded through the NRW Greening Project. 	

2. Healthy People	Objective	Steps Year 1-2
	To help people live long and healthy lives and overcome any challenges.	Work with our communities to make sure everyone has the best chance to live long and happy lives e.g. First 1000 days, working with older people to stay fit and healthy for as long as possible.
	Progress	
	<ul style="list-style-type: none"> • Work is progressing with the support of the Welsh Government Co Construction Programme • The first draft of the evidence review for preconception to age 7 has been completed. • Funding from Welsh Government for a Project Manager to lead Vulnerability Profiling work stream, who commenced in March. • The Cwm Taf Sexual Health Advisory Board have commissioned work with our most vulnerable women to prevent unplanned pregnancies, focusing on mental health, substance misuse and domestic violence service users. • Health Visitors trialling a new way of working in RCT based on the needs of the family using an acuity tool. <p>Work has commenced to scope a work stream for keeping people healthier for longer, with a systems engagement event planned for the summer. Work has commenced on the delivery of Objective 2.1.b to keep people healthier for longer. This could be discharged jointly with the RPB lead, given their Cwm Taf Ageing Well Plan and being a priority group within the Area Plan.</p> <ul style="list-style-type: none"> • Partners at the PSB have agreed to remove sugar added drinks from sale in their premises from the summer 2019 • Partners in the PSB are rolling out the One Small Change campaign to encourage healthier behaviours for staff 	

3. Strong Economy	Objective	Steps Year 1-2
	To grow a strong local economy with sustainable transport that attracts people to live, work and play in Cwm Taf.	Stimulate and boost the aspirations and skills of our people to meet public and private sector career opportunities.
	Progress	
	<p>Strong alignment and support of the existing Workforce Development work stream:</p> <p>Agree Cwm Taf employability pledge:</p> <ul style="list-style-type: none"> • Apprenticeships and work experience will be the core of the Pledge, layered with specialisms related to each partner. • Two areas are still in need of further discussion –bthe Welsh language and Living Wage <p>Joint training compendium for Cwm Taf public sector</p> <ul style="list-style-type: none"> • A working group will be established to take this forward, exploring what the training and skills gaps are in Cwm Taf for future planning; undertaking a needs assessment of skills linked with local businesses and employers as well as FE and HE providers. <p>Full diagnostic assessment of the visitor economy businesses in Cwm Taf:</p> <ul style="list-style-type: none"> • Findings of review and current position presented to SPB 2 April. <p>Schools' engagement:</p> <ul style="list-style-type: none"> • The plan is to work with pupils aged 12, 13 and 14 in the two schools attached to the developing Community Zone areas, exploring how much • schools prepare for work readiness in particular sectors when setting their curriculum, how pupils feel about local career opportunities and apprenticeships and try to develop work experience opportunities across a range of public sector areas. Parents will also be involved in this work. • Linked to the Loneliness and Isolation agenda, a review of existing opportunities to volunteer in the public sector will be undertaken. This will form a baseline for reviewing where there are underutilised options and how volunteering (across all age ranges) could be used to raise aspirations and awareness of work opportunities, potentially reducing future skills shortages. 	

Loneliness and Isolation	Cross Cutting Objective
	We will work in new ways to channel the undoubted strengths of our communities, including volunteering to tackle more effectively the loneliness and isolation which often exists within many of them.
	Progress
	<p>Work is progressing for action D around Information, Advice and Assistance. This work doesn't have a clear timeline it is more important that the PSB's Wellbeing Plan and Social Service and Well-being Board's Regional Plan are trying to achieve the same thing and in the same timeline. The TLG met on 26 March and discussed a proposed place based approach using some ICF allocation.</p> <p>Volunteering / forming relationships with schools and colleges</p> <ul style="list-style-type: none"> • OurCwmTaf signposts to the volunteering Wales and infoengine. Signup to infoengine (and Dewis) systems was encouraged at the volunteering fayres, and CVCs AGMs. • Feedback session has taken place with Treorchy with a view to develop a volunteering fayre toolkit and agree a way forward – e.g. incorporating a 'get involved in your area' slot on PSE days or contact sessions with local groups. Positive feedback also received from Merthyr College who would be keen to do something similar for volunteering week in June. • Ian gave a presentation and Lisa Toghil facilitated workshops on the theme of loneliness and isolation at the MTBWYF spring conference. The school children involved were predominantly primary school age. • In collaboration with Strong Economy, early discussions are taking place around volunteering and creating a future workforce. This will likely involve working with schools, FE and HE settings to establish motivations and support mechanisms for volunteering. • Volunteering will be celebrated at the upcoming Crystal Trophy awards evening. <p>Pilot opportunities in Community Hubs</p> <ul style="list-style-type: none"> • Work is still ongoing to engage with communities to promote the opportunities, signpost (SPOC) and create the neighbourhood network / make the most of the community connector roles <p>Review the funding and delivery of existing befriending services.</p> <ul style="list-style-type: none"> • This strongly aligns to actions identified in the Regional Plan. A paper on social prescribing was presented by Sara Thomas at TLG in March.

Integrated Community Services



IMTP 2018/21 Priority 2. Demonstrate greater integration across health and social care, particularly in the way in which services are provided to our more vulnerable client groups i.e. older people with complex needs, people with learning disabilities, children with complex needs and all age carers, with increased joint commissioning arrangements, pooled budgets and making better use of our estate in partnership.

Cwm Taf Social Value Forum

A paper 'Third Sector ICF Investment Update: Investing in Social Value Organisations February 2019' was presented to the Transforming Leadership Group (TLG) in February. A further Social Value event was held on 20 April and included colleagues from Bridgend.

Integrated Care Fund (ICF)

The ICF financial position to Quarter 4 is summarised below:

ICF Schemes 2018/19	Original Plan	Q4 Exp.	Forecast Exp.	Variance
Community Co-ordinators	248,500	-	248,500	-
5 Ways to Well-Being	40,000	-	35,000	(5,000)
Additional Social Workers	171,795	31,385	171,795	-
Additional Social Workers	51,538	12,722	51,435	(103)
Health & Social Care Discharge Co-ordinators	97,014	22,728	97,014	-
Care Home Support Team	181,901	45,475	181,901	-
Increased Capacity within Intermediate Care, Reablement Service and Initial Response	468,898	150,000	618,898	150,000
Increased Capacity within Intermediate Care, Reablement Service and Initial Response	80,845	20,211	80,846	1
Early Supported Stroke Discharge Service	249,002	62,251	249,002	-
Extended Reablement for People with Dementia	48,507	12,127	48,507	-
Stay Well @Home Service	1,830,269	235,322	1,827,371	(2,898)
Stay Well @Home Service (Prior Year)	150,000	-	-	(150,000)
Community Capacity Grant (CCG)	60,000	-	60,000	-
Learning Disability Joint Packages of Care	961,788	240,447	961,788	-
Dementia Action Plan	443,000	447,118	447,118	4,118
Integrated Autism Service (IAS)	367,000	72,160	367,000	-
A range of Regional proposals have been developed to support implementation and roll out of WCCIS (confirmation of proposals to follow)	158,006	144,528	158,006	0
	5,608,063	1,496,472	5,604,181	(3,882)

Slippage identified in year was noted by Area Plan Development Implementation Group and TLG and the end of year position was approximately £4k underspent.

With the exception of 5 Ways to Well-being, the TLG agreed that the projects in table 1 above should continue in 2019/20. This was subsequently endorsed by the Regional Partnership Board in March 2019. ICF Proposal forms are required for all existing continuing projects and will be submitted to Welsh Government by 30 June 2019.

In addition to the continuation of Cwm Taf schemes, there were a number of Bridgend schemes that will transfer from Western Bay to Cwm Taf Morgannwg totalling £1.988m as outlined below:

Service	Bridgend CBC	Cwm Taf UHB Bridgend Locality
Community Services Partnership.	£707,000	£656,000
Commissioning for complex needs (2FTEs)	£110,000	
MAPPS Service – Contribution to a MAPPS team that includes social workers, therapists and family workers	£153,000	
CAHMS Liaison Support	£54,000	
Third Sector ICF schemes	£120,000	
Carers ICF schemes	£88,000	
Transitional social work team for planning of placements between adults and children's	£100,000	
Total	£1,332,000	£656,000

Monitoring with regards to the Bridgend projects will be incorporated into the Cwm Taf Morgannwg ICF monitoring and reporting going forward.

ICF Performance

During Quarter 4, progress against the Cwm Taf ICF Investment Plan has been monitored and reported to Welsh Government. A summary of the position is outlined below:

ID: OP1	Scheme	Lead Agency
	Stay Well @ Home Service	RCTCBC, MTCBC, CTUHB, Third Sector
	Progress 2018/19	
	<ul style="list-style-type: none"> The total number of referrals received by the team during the three month period equates to 777, of which the team deemed 552 (71%) appropriate for further screening, and 422 (58%) of those lead to full proportionate assessment. (The remaining 18% were screened and either signposted to other more appropriate services/professionals 84% of accepted referrals were responded to within 1 hour, with 100% of appropriate A&E referrals being responded to in less than 1 hour. Of those people assessed by the SW@H Team, 79% were discharged home (this remains the consistent with Quarter 3 2018-2019, however data demonstrates a 6% increase on Quarter 4, 2017-2018). 	

	<ul style="list-style-type: none"> Of those discharged home, 86% were discharged in 24 hours or less (5% up on Quarter 3 2018-2019, 6% up on Quarter 4 figures 2017-2018). Admission avoidance/reduced length of stay account for 70% of all those discharged by the SW@H team (discharges following SW@HT assessment at A&E/AMU/CDU). 233 people were supported in returning home straight from A&E/AMU/CDU - thus avoiding a transfer to an acute ward (cost avoidance & overall reduction in length of stay). 	
	Issues to note and / or risk	
	Compared to Quarter 4 (2017-2018), overall referral rates have dipped by 17% and the number of assessment undertaken has dropped significantly (38%).(Further interrogation of higher level systems data is needed to analyse whether demands on the DGH's has changed in terms of attendance levels across the two periods – SW@HT data in isolation does provide the full picture).	
D: OP2	Scheme	Lead Agency
	Community Co-ordinators	VAMT / Interlink
	Progress 2018/19	
	Coordinators continue to provide information, advice, assistance and signposting to local community groups and services as well as supporting development of new initiatives. Most requested support relates to befriending, carers, housing related support, advice on maximising income, accessing community groups and social opportunities. <ul style="list-style-type: none"> 236 new referrals q4 827 signposts made and 109 referrals made into services, primarily third sector. 78 attending screening awareness/myth busting sessions 	
	Issues to note and / or risk	
	<ul style="list-style-type: none"> High level of requests for support to people under 50 years. Scheme provides minimal signposting as not funded for this age range. Increasing complexity of referrals. Challenge for providers to recruit and retain volunteers. Staff absence throughout the Quarter 4 period has required the team to be reconfigured to temporarily ensure that the service continues, albeit at a reduced level. 	
ID: OP3	Scheme	Lead Agency
	5 Ways to Well-Being	Merthyr & The Valleys MIND
	Progress 2018/19	
	<ul style="list-style-type: none"> Volunteers working in 10 sheltered housing schemes (3 RSLs) across Cwm Taf to provide well-being and enablement support. 103 beneficiaries enrolled 6 new volunteers 	
	Issues to note and / or risk	
	Scheme will come to an end in March 2019. MIND looking at opportunities to combine Project 5 activities with other schemes which will run post March.	
ID: OP4	Scheme	Lead Agency
	Additional Social Workers	RCTCBC
	Progress 2018/19	
	3 Social workers - 1 based in YCR, 2 in YCC to support assessment and case management of complex cases, facilitating patient flow and timely discharge. <ul style="list-style-type: none"> 226 assessments completed q4. Outcomes - 69 care home placements, 135 supported to return to the community, 22 with no ongoing services. 	
	Issues to note and / or risk	
	DTCOC for social work assessments remains low 14 Q1-Q4	

ID: OP4	Scheme	Lead Agency
	Additional Social Workers	MTCBC
	Progress 2018/19	
	Continues to support assessment of complex cases and facilitate patient flow and timely discharge. <ul style="list-style-type: none"> • 16 assessments q3. • Outcomes - 8 care home placements. • 2 return to community. • 0 no ongoing services. 	
	Issues to note and / or risk	
	No Quarter 4 information received.	
ID: OP5	Scheme	Lead Agency
	Health & Social Care Discharge Co-ordinators	RCTCBC
	Progress 2018/19	
	Hospital sites with discharge coordinators have evidenced improved sharing of information between agencies, assisted patient flow, timely decision making and discharge. Hospital sites supported flexibly based on demand which enables targeted use of resources. <ul style="list-style-type: none"> • 240 discharges facilitated • 41 discharges cancelled due to poor quality/missing information or not discharge ready • Pilot undertaken in q3 in YCR whereby discharge coordinator on site also supports families, carers, nursing staff and care managers with choice protocol. 39 individuals accessing during Q4 	
	Issues to note and / or risk	
	<ul style="list-style-type: none"> • Current funding levels so not cover the current project costs. Additional cost pressure for RCT supporting the RGH post from 22 hours (ICF grant funded) to 37 hours, at an amount of £18,741 (2018/19 salary costs) 	
ID: OP6	Scheme	Lead Agency
	Care Home Support Team	CTUHB
	Progress 2018/19	
	Team integrating with the @Home nursing service and working closely with Stay Well@Home. Team open to referrals from all care homes in Cwm Taf, providing enhanced assessments and interventions to residents, preventing admission to hospital, facilitating discharge and providing training for care home staff. <ul style="list-style-type: none"> • 50 new referrals; 62 follow up face to face contacts. • 147 avoided hospital admissions. 	
	Issues to note and / or risk	
	Increased referrals from care homes to the new Advanced Care Planning Facilitator which is positive in supporting patients and staff with end of life choices and care.	
ID: OP7	Scheme	Lead Agency
	Increased Capacity within Intermediate Care, Reablement Service & Initial Response	RCTCBC
	Progress 2018/19	
	Increase in the number of people supported and the overall number of hours delivered to avoid hospital admission and support people returning home. Includes specialist memory reablement service. <ul style="list-style-type: none"> • 275 service users supported with 6,322 hours of support • 97% of service users felt service enabled them to live independently at home • 95% felt they had achieved their goals 	
	Issues to note and / or risk	
	<ul style="list-style-type: none"> • Bid for slippage funding to cover significant budget pressure as service costs exceed ICF allocation. 	

	<ul style="list-style-type: none"> Staff training (the Calderdale Competency framework unique to Cwm Taf) continues – 125 staff attendances at training sessions. All front line staff trained to administer medication under new CwmTaf Medication Policy. 	
ID: OP7	Scheme	Lead Agency
	Increased Capacity within Intermediate Care, Reablement Service & Initial Response me	MTCBC
	Progress 2018/19	
	Increase in the number of people supported and the overall number of hours delivered to avoid hospital admission and support people returning home.	
	Issues to note and / or risk	
	Bid for slippage funding to cover significant budget pressure as service costs exceed ICF allocation. *No information received for Quarter 4.	
ID: OP8	Scheme	Lead Agency
	Early Supported Stroke Discharge Service	CTUHB
	Progress 2018/19	
	Multi-disciplinary rehabilitation programme that allows early discharge from hospital. <ul style="list-style-type: none"> 48.3% of total stroke patients within the UHB accepted into service (benchmark 40%) Av acute LOS for patients accepted by service 8.7 days (6.2 when anomalies relating to 2 patients are removed) (benchmark 11). 	
	Issues to note and / or risk	
	*No information received for Quarter 4.	
ID: CLD1A	Scheme	Lead Agency
	Community Capacity Grant New Pathways	VAMT / Interlink
	Progress 2018/19	
	Cwm Taf Family Support Service for Children, Young people and families affected by sexual abuse	
	<ul style="list-style-type: none"> Weekly family support group supporting 26 families 	
	Issues to note and / or risk	
ID: CLD1C	Scheme	Lead Agency
	Community Capacity Grant Safer Merthyr Tydfil	VAMT / Interlink
	Progress 2018/19	
	RECONNECT 50 - supportive mentoring programme for people 50+ <ul style="list-style-type: none"> Updated Catalogue of Community Activities for 50+ Attended Carers Coffee Morning at Flocks to publicise Project details- 2-way Referral pathway established 120 attendees 	
	Issues to note and / or risk	
	None	
ID: CLD1D	Scheme	Lead Agency
	Community Capacity Grant SHINE Cymru	VAMT / Interlink
	Progress 2018/19	
	Work with service users and carers for people with spina bifida and/or hydrocephalus. <ul style="list-style-type: none"> 60 attendees were made aware of Spina Bifida and Hydrocephalus. Information focused on Normal Pressure Hydrocephalus which can occur in Older people. 	

	<p>And the importance of taking Folic Acid (aimed at daughters and granddaughters). They were able to take information away also.</p> <ul style="list-style-type: none"> 5 families attended and were supported by the regional co-ordinator and paediatric physiotherapist 	
	Issues to note and / or risk	
	<p>Due to the lack of uptake, Shine is looking at its membership engagement strategy. Student Research Volunteer from Cardiff University engaged to conduct research and make recommendations based on members feedback.</p>	
ID: CLD1E	Scheme	Lead Agency
	Community Capacity Grant Volunteering Matters	VAMT / Interlink
	Progress 2018/19	
	<p>Befriending scheme in Merthyr Tydfil.</p> <ul style="list-style-type: none"> Coordinator appointed. 3 new volunteers recruited. 9 Volunteers in total. 3 New volunteers pending placement Total number of current volunteers : 12 	
	Issues to note and / or risk	
	None.	
ID: CLD2	Scheme	Lead Agency
	Learning Disability Joint Packages of Care	RCTCBC, MTCBC, CTUHB
	Progress 2018/19	
	<p>14 service users are included in the pool, all of whom should benefit from joint reviews of their care packages as opposed to single agency reviews and more proactive case management.</p>	
	Issues to note and / or risk	
	<ul style="list-style-type: none"> Move on/change to arrangements unlikely for cases currently in pool who are stable and delivering positive outcomes – difficult to report Quarterly. WG seeking information on financial savings and value for money. 3 RCT/UHB joint reviews outstanding. <p>*No new information received Quarter 4</p>	
	Scheme	Lead Agency
	Integrated Autism Service	RCTCBC, MTCBC, CTUHB,
	Progress 2018/19	
	<p>Main base YCC with satellite venues Professional and service user information groups being run to assist with awareness raising, education and understanding of service user need - quality of referrals has improved in q3</p> <ul style="list-style-type: none"> Longest wait for adult diagnostic assessment 92 days. Longest waiting time for child/parent/carers support or intervention 90 days. 	
	Issues to note and / or risk	
	<ul style="list-style-type: none"> Allocation ring fenced by WG Presentation made at RPB meeting in January National evaluation study underway for WG <p>*No new information received Quarter 4</p>	
	Scheme	Lead Agency
	WCCIS	RCTCBC, MTCBC, CTUHB
	Progress 2018/19	
	<ul style="list-style-type: none"> Funding proposals approved by TLG in July 2018. MT implementation from June 2017 – work to embed continues and phase 2 programme of work developed. RCT implementation from May 2018 – work to embed continues and good progress made in relation to performance and management information. 	

	<ul style="list-style-type: none"> • UHB deployment order not yet signed – a Pilot to inform this is underway in AB Health Board. • Regional team being set up in 2018 - post of WCCIS Regional Programme Lead advertised. • Work in progress to agree a single regional Security Model to improve control of data accessibility and sharing.
	Issues to note and / or risk
	<ul style="list-style-type: none"> • At a Regional Workshop at the end of February 19, it was agreed that given Cwm Taf Morgannwg (April 2019) would have 3 “live” local authorities and a UHB that was actively using WCCIS there were real opportunities to align to a more effective regional approach (acknowledging that this had been problematic to fully achieve previously due to the significance of local implementation).

ICF Dementia

To support implementation of the national Dementia Action Plan, Welsh Government allocated £10m Dementia ICF funding, of which Cwm Taf’s share for 2018/19 was £443k, with full year funding from 2019/20 of £864k. This increases to £1.242m when including the allocation for Bridgend.

In Cwm Taf it was agreed to allocate the Dementia ICF funding as follows:

ICF Schemes	2018/19	2019/20
A. Community Capacity Grant (administered by VAMT)	£45k	£45k
B. Dementia Friendly Communities Co-ordinator (hosted by Gofal)	£20k	£45k
C. Dementia Care Matters in Merthyr Day services	£55k	-
D. Specialist Dementia Intervention Team expansion	£197k	£471,630
E. OT Memory Assessment Services	£126k	£302,370
TOTAL	£443k	£864k

As forecast in January 2019, schemes D and E have underspent against their allocation due to delays with recruiting the staff. The final spend and slippage has been allocated as agreed by TLG/RPB as follows:

ICF Schemes	2018/19 allocation	2018/19 spend
A. Community Capacity Grant (administered by VAMT)	£45k	£45k plus £6k slippage Total £51k
B. Dementia Friendly Communities Co-ordinator (hosted by Gofal)	£20k	£20k
C. Dementia Care Matters in Merthyr Day services	£55k	£55k
D. Specialist Dementia Intervention Team expansion	£197k	£130,141
E. OT Memory Assessment Services	£126k	£8,980
Slippage allocated to:		
• RCT CBC EMI Crisis Interventions		£32k
• RCT CBC Community/Domiciliary Care costs		£118k
• Merthyr Tydfil Digital Care Homes		£12k
• Merthyr Tydfil Domiciliary Care		£15k
TOTAL	£443k	£442,121

Meanwhile, the Dementia ICF funding for the Bridgend County Borough area has previously been agreed via Western Bay RPB. The allocation for 2019/20 is £384,176 for the following schemes:

- Dementia Day Service
- Dementia Link Service
- Mental Health cover within the Common Access Point

ICF Capital

The ICF Capital Allocation for Cwm Taf Regional Partnership Board for 2018/19 was **£2,999,000** with projects approved totalling **£3,031,026**. This reflected an over commitment of **£32,026** and there was an expectation that the allocation and spend would balance by the end of the financial year with not all projects achieving full spend.

Late in March a £250k underspend position was highlighted. The following principles were applied to utilising available underspend:

- Only consider existing schemes that already have approval, process for Welsh Government to approve anything new not possible at this late stage.
- Priority given to schemes that will reduce demand on the capital budget next year
- Schemes must have already incurred the cost and able to invoice immediately

The available underspend was utilised as per the table below, the programme achieved a full spend at year end.

ICF Project Name	Funding Approved	Expenditure Q1-4	Identified Underspend
Extra care YGT Treorchy	£100,000	£100,000	£0
Transition Accommodation for Young People	£500,000	£320,000	(£180,000)
4A Crown Avenue Treorchy	£80,000	£80,000	£0
Penllew Court	£400,000	£497,944	£97,944
Assistive Technology - 5A System upgrade	£196,000	£256,397	£60,397
Cynon Linc Community Hub	£50,000	£100,000	£50,000
MCP 8 Extra Care Pontypridd	£1,000,000	1,000,000	£0
Total Major Capital Programme (MCP)	£2,326,000	£2,354,341	£28,341

DCP Project Name	Funding Approved	Expenditure Q1-Q4	Identified Underspend
Third Sector Community Capacity Capital Grant scheme	£67,974	£0	(£67,974)
Wellbeing Centre - Gellideg Estate, Merthyr Tydfil	£25,000	£33,000	£8,000
Gurnos Community Zone - Redevelopment of Community facility	£40,000	£40,000	£0
Specialist Equipment	£157,862	£157,862	£0
Flexi House Feasibility study	£10,000	£10,000	£0

DCP Project Name	Funding Approved	Expenditure Q1-Q4	Identified Underspend
RRAP PLUS	£48,029	£48,029	£0
Better@Home Hospital discharge service	£47,135	£47,135	£0
Rhondda Fach Community Hub	£100,000	£131,633	£31,633
Community equipment ordering and stock management system	£77,000	£77,000	£0
Family respite centre	£100,000	£100,000	£0
Total Discretionary Capital Programme (DCP)	£673,000	£644,659	(£28,341)

Cwm Taf Social Services And Well-being Board Transformation -

Throughout Quarter 4, alongside the delivery of the Cwm Taf Social Services and Well-being Area Plan, the Regional Partnership Board have continued to work with Welsh Government to progress their transformational plans.

A further submission, clarifying key points for the proposal will be presented to the Regional Partnership Board on the 9 May. It is hoped that the proposal will be approved following the submission of the updated proposal outlining sustainability queries.

Mental Health, Primary Care, and Locality Services



IMTP 2018/21 Priority 3. Implementation of our next step mental health service improvements, including the next phase of older adult mental health service redesign and new approaches to dementia care.

IMTP 2018/21 Priority 4. Implement our updated primary and community care plans including improving the sustainability of primary care; further development of our Clusters and Cluster Plans, improved demand management and evidencing the shift of service from secondary to primary care.

Valley LIFE – Various workstreams have been established to support implementation of the Valley LIFE project, incorporating a review of day services, Memory Assessment services and enhancement of the Specialist Dementia Intervention Team, supported with Dementia ICF funding. Given the overlap between the Valley LIFE project and the local Dementia Action Plan and Steering Group, a new project structure has been agreed to ensure closer alignment.

Redesign of Community Adult Mental Health Services - Following extensive stakeholder engagement undertaken between April and November 2018, a multi-agency project team has worked up an outline service model for community mental health services for discussion at a workshop on 5 April 2019. A detailed implementation plan is being developed, prioritising investment into primary care mental health services and the redesign of outpatient services, which are considered the key enablers to shift capacity and resources for the new model.

Primary Sustainability – The product of the extensive work on primary care sustainability undertaken with Cwm Taf Primary Care Clusters during a series of sustainability workshops over the past year and a half, has become an integral part of the RPB Transformation Fund proposal, and draws from the innovate schemes and pilots which have been tested by the clusters themselves. This work focuses on how we will maximise the newly developed multi-disciplinary and multi-agency workforce in a wholly integrated way.

The focus is on how our primary care and community clinicians alongside our local authority and third sector partners work as part of an Enhanced Community Cluster Team to ensure as much care is provided as close to home as possible. Ensuring our District General Hospitals (DGH) are only used for Acute and Specialist activity. A project plan to implement the Enhanced Community Cluster Team model has been developed in readiness for confirmation from WG of the Transformation funding.

Acute Care – Local and Regional Secondary Care



IMTP 2018/21 Priority 5. Development of local and regional hospital service planning and delivery where appropriate in areas such as diagnostics, ophthalmology and orthopaedics, as well as vascular and Ear, Nose and Throat (ENT) service redesign.

IMTP 2018/21 Priority 6. Continue to improve scheduled and unscheduled patient care, patient flow and urgent care processes including: maintaining and improving upon the target of no patients waiting for treatment over 36 weeks; maintaining and improving upon the target of no patients waiting over 8 weeks for diagnostics; continuing to work on the 95% 4 hour target (maintaining wherever possible at least 90% performance) and having no patients waiting over 12 hours.

IMTP 2018/21 Priority 7. Continue work to meet the 31 day target and work to meeting the 62 day cancer target, maintaining at least a 90% position.

Cancer Rapid Diagnostic Clinic– the Rapid Diagnostic Clinic pilot has been in operation since July 2017. The findings as at the end of February 2019 are:

Activity		Outcomes (patients may have more than one outcome)	
No. of patients seen in clinic	538	Suspected Cancer	125
No of GP Practices who have referred	40 (of 41)	Non Cancer Diagnoses	194
No. of clinic sessions	138	No Diagnosis	219
Average time from referral to appointments	10 days	Conversion rate to cancer: • Rapid Diagnostic Clinic • USC pathways	8%-10% 7.4%
Most common symptoms: • Weight Loss • Appetite Loss • Nausea • Fatigue		Proportion of cancers diagnosed via: • USC pathway • Non-USC pathway	33% 67%

An evaluation of the Rapid Diagnostic Clinic is currently being undertaken by the University of Bath. The project includes structured interviews with staff and primary care colleagues, analysis of clinic activity and a financial assessment of the service.

As part of the evaluation we will also be undertaking patient focus groups to obtain feedback and reflections on the service from a patient perspective. The evaluation is expected to take 3 months with a final report to be received by June 2019.

Internal audit of early cancer diagnosis programme – an internal audit was undertaken in February and March. The level of assurance as to the effectiveness of the system of internal control to manage risks was categorised as reasonable. Key findings concern performance targets and risk documentation. Measures will be put in place during Quarter 1 2019 to address the findings in the final report.

Single Cancer Pathway (SCP) – The availability of financial resource from Welsh Government to support the implementation of the single cancer pathway has been communicated to Health Boards. Bids for the funding of interventions to support implementation will be collated and submitted to Welsh Government in Quarter 1.

Winter Plan – In July 2018, the Board and partner organisations approved the Integrated Winter and Preparedness Plan for 2018/2019. During the year we continued to provide responses and assurances to Welsh Government on actions taken to ensure that a robust plan was implemented for winter. Feedback from the UHB's summit meeting with Welsh Government was very positive, with no requirement for a second face to face meeting with Simon Dean, Deputy Chief Executive for NHS Wales, prior to the winter period.

On review, the winter period was a successful one for CTUHB. There were no major problems with snow and ice and although there were some issues with flu, the Health Board did not face major challenges associated with severe bad weather and flu outbreaks. Where appropriate, elements of the winter plan was put into place across the organisation. Provision was also enhanced with additional funding received from Welsh Government to assist with winter pressures, which following consultation with clinical colleagues, was utilised across DGH sites as well as within partner organisations i.e. Merthyr Tydfil and Rhondda Cynon Taff Local Authorities.

At year end, the UHB reported that no patients waited beyond 52 weeks, no patients waited over 36 weeks and 91.6% of patients were seen within 26 weeks. In Cancer Services, the 90% target for timely treatment was achieved. The stable winter period would have been a contributory factor to achieving these positions.

In terms of the achievements in our Emergency Departments, performance against the 4 hour target was 83%, the 12 hour target was 96% and the 15 minute handover was achieved for 90% of patients.

Finally, for 2018/19, only 47 elective operations were cancelled across the Royal Glamorgan and Prince Charles Hospitals – a significant reduction on the previous year where 181 cases had to be cancelled.

A more comprehensive and formal review of the winter period has been planned to be held in May 2019 to ensure any lessons are learnt in readiness for the coming year. Following this evaluation, an Integrated Winter and Preparedness Plan for 2019/2020 for the new Cwm Taf Morgannwg UHB will be compiled in partnership without external partners and with the full engagement of clinical colleagues.

Regional Planning – On 9 March 2019, paediatrics, neonatal and obstetric services transferred to Prince Charles Hospital. In addition, work is progressing via the Regional Planning and Delivery Forum on: ENT service redesign – focusing on a networked Head and Neck Cancer service (Cwm Taf UHB lead); Vascular service redesign (Aneurin Bevan UHB lead); Diagnostics (Cwm Taf UHB lead); Orthopaedics (Cardiff and Vale UHB lead) and Ophthalmology (Aneurin Bevan UHB lead).

- ENT – Following agreement by the Region, work to develop an acute regional ENT model was stood down. However there are continued sustainability issues within the Princess of Wales (POW) Hospital which along with the existing configuration of elective and emergency services across POW, Prince Charles Hospital (PCH) and Royal Glamorgan Hospital (RGH) makes it increasingly difficult to be able to provide a safe out of hour's emergency service.

A Project Board has been established, consisting of clinical and non-clinical colleagues, to review the existing Adult and Paediatric ENT service provision across POW, PCH and RGH.

A local model has been agreed which results in Paediatric ENT elective inpatient and emergency admissions being centralised on the POW site. This ensures patients have appropriate and timely access to reliable, safe, high quality ENT services and supports the steps being taken to establish a sustainable ENT workforce for Cwm Taf Morgannwg Health Board (CTM). The model will see Consultants and Middle Grade staff from POW and the former Cwm Taf Health Board pooling their resource to ensure ENT cover is provided across CTM. This is alongside the continued provision of day case and outpatient activity at all CTM hospitals.

Work to finalise the service model for adults is being undertaken within the context of the development of the CTM Clinical Services Strategy.

- Head and Neck Cancer -The Clinical Implementation Group (CIG) Head and Neck Cancer Task and Finish Group was established to consider potential options for developing services across Cardiff & Vale (C&V) and Cwm Taf Morgannwg (CTM) Health Boards that would improve the provision of timely access to high quality services for patients whilst ensuring that expertise is maintained in both Health Boards.

Since the establishment of the CIG, a number of steps have been taken to develop greater working across the two Health Boards. There is now closer collaborative and interdependent working in the delivery of services to the extent that; there is now C&V and CTM clinical representation on both local MDTs; CTM Head and Neck Surgeons are job planned to operate in C&V and vice versa; and there is a recognised threshold and flow of complex Head and Neck Cancer cases to C&V.

There has been a continued and detailed clinical dialogue around the step to move beyond the current joint MDT to a single C&V/CTM Head and Neck service. During the most recent meeting on the 22 March 2019, clinicians presented the position of each Health Board's Head and Neck service and the detail of impending service developments. There was no consensus on the need to develop the regional model further at this time, however there was a commitment from both C&V and CTM to continue to work closely to develop the regional MDT, bringing Aneurin Bevan in as appropriate, and to regularly review and explore future opportunities for regional working. The next CIG has been timetabled for 6 months, providing a timely opportunity to review the implementation of the CTM ENT service changes outlined below.

- Out of Hours Interventional Radiology Service – The Out of Hours interventional radiology service has commenced (4 February 2019). The first monitoring review is being scheduled to review the clinical model, operational issues, transfer, repatriation and activity.
- Centralisation of Vascular Surgery – With the completion of the out of hours interventional radiology implementation, focus has switched to detailed planning of the further centralisation of arterial surgery at the University Hospital of Wales (UHW). The target implementation date has been moved to September 2019 to reflect the timetable for the completion and commissioning of theatres at University Hospital Llandough that are required to release theatre capacity at UHW. The work also encompasses the completion of the business case for this change and the UHW hybrid theatres. Work has commenced on the approach to be undertaken with the Community Health Councils in support of the proposed change.

- **Diagnostics** - The Delivery Unit has supported a standardised approach for repeating the demand and capacity work for MRI and CT for 2019/2020. All Health Boards in South East Wales, including Velindre, have now submitted their plans. It was noted that all Health Boards have a gap for MRI and CT but all have plans in place to address this. Aneurin Bevan UHB are requesting to use Cwm Taf Morgannwg UHB's capacity on the same level as 2018/19 and want to utilise 400 of the 800 spare MRI slots available. This leaves a further 400 MRI scan slot still available.

Health Boards have been involved in discussions on how they can work more collaboratively around MRI and CT provision. Health boards have agreed that the D&C plans would be subject to review as the impact of the single cancer pathway becomes known.

With regards to Endoscopic Ultra Sound (EUS) services, work has progressed well on developing a delivery model for an expanded service and a more sustainable service. Following agreement on the scope of the expanded service and expected activity levels, the preparation work to undertake an option appraisal for the delivery of regional EUS service has now been completed. This includes agreeing a list of options, critical success factors, benefit criteria and risks. The option appraisal will assess whether the expanded EUS service would be provided over one, two or three sites in South East Wales.

To ensure robust clinical engagement, Health Boards were asked to undertake the options appraisal at a local level so each Health Board could establish a position. This work has now been completed and will feed into a Regional Options Appraisal Workshop on 13 May 2019. One of the major challenges in this work is that it will require an expansion in endoscopy capacity to deliver the EUS service.

With regards to endoscopy, following a National Endoscopy Workshop event held in December 2018 and subsequent establishment of the National Endoscopy Board, there is now a closer working relationship between this Board and the Regional Diagnostics Group. The Chair of the Regional Diagnostic Group is a member of the new National Endoscopy Board. Whilst work was underway to develop a regional demand and capacity position for endoscopy with Delivery Unit support, it was subsequently agreed not to duplicate the work being undertaken by the national group on demand and capacity. This work has now been completed and the Regional Diagnostic Group will now be using the output from that work to inform local discussion and opportunities for collaboration. The demand and capacity plans indicate that this is an area which will remain a major challenge for 2019/20.

- Orthopaedics – Following agreement at the South and East Wales Regional Planning Forum, the Orthopaedic Forum has been stood down.
- Ophthalmology – Cardiff & Vale UHB are leading the national procurement of digital enablers for the modernisation of eye care services. The revenue funding of the development has been affirmed by Health Boards. The supporting governance structure is being established with the anticipation of the project plan being developed and launched by September 2019.

The Health Boards are finalising their 2019/20 elective delivery plans, and, with the exception of the service at the Princess of Wales Hospital, there are sustainability challenges in each of the Health Boards, prior to consideration of the impact of the prioritisation framework (R1/R2/R3). As such it is anticipated that external capacity will again be required in 2019/20, reinforcing the case for a high volume elective cataract centre for South East Wales.

The latter will be a strategic priority for 2019/20, with the development of the business case for such a unit. This will require the ownership of each Health Board in developing the clinical model and its workforce and financial impact. Dedicated resource will be provided by an Ophthalmology Project Manager, the job description for the post having been have now commenced.

Tertiary Services



IMTP 2018/21 Priority 8. Continue our strong involvement and approach to the commissioning of specialist services working with partners such as WHSSC, EASC and Velindre NHS Trust.

Work over Quarter 4 has continued to focus on preparation of the 2019/20 Commissioning Plan. During Quarter 4, these Plans were concluded for WHSSC, EASC and Velindre, as well as all the other Health Boards, including the plans for additional investment. Quarter 4 also saw us concluding the financial positions and outturn in terms of finance and performance for each of our commissioning arrangements for 2018/19.

3.3 Performance

The Health Board has an Integrated Performance Dashboard which relates to delivery of the IMTP objectives. The key performance headlines for Quarter 4 are as follows (with further detail available in the "Integrated Performance Dashboard" report).

Unscheduled Care – Performance at a Health Board level for the 4 hour target for end of year i.e. March 2019 was 83.2%. Individual acute department performance was 81.4% at Prince Charles Hospital (PCH) and 82.0% at Royal Glamorgan Hospital (RGH). The combined acute compliance for March was 81.7%, with both Ysbyty Cwm Cynon (YCC) and Ysbyty Cwm Rhondda (YCR) at 100%.

The March performance for the twelve hour target was 437 patients (261 at PCH and 176 at RGH) compared to 496 breaches in March 2018.

Month	Attendances				4 Hour Compliance		
	2017/18	2018/19	Change	% Change	2017/18	2018/19	Change
April	11,457	11,332	-121	-1.09%	86.0%	89.1%	3.2%
May	12,099	12,310	220	1.74%	85.9%	92.2%	6.3%
June	11,666	12,326	666	5.66%	88.2%	90.2%	2.0%
July	12,287	12,918	631	5.14%	86.3%	89.1%	2.8%
August	11,524	11,280	-244	-2.12%	88.0%	87.7%	-0.3%
September	11,619	11,284	-335	-2.9%	84.9%	87.3%	2.4%
October	12,109	12,209	100	0.8%	88.0%	86.2%	-1.8%
November	11,450	11,566	116	1.0%	89.9%	86.0%	-3.9%
December	11,267	11,134	-133	-1.2%	82.9%	83.0%	0.1%
January	11,436	11,558	122	1.1%	79.9%	80.6%	0.7%
February	10,645	10,707	62	0.6%	80.6%	83.1%	2.4%
March	11,102	11,908	806	7.3%	82.4%	83.2%	0.8%

Emergency Ambulance Services - March performance for emergency ambulance services against the 15 minute handover target was 90.3%, compared to 90.7% in February. The March performance for emergency ambulance services over one hour was 100% (February 99.8%).

Performance against the Red Ambulance target declined significantly during February to 69.9% from 76% January. Cwm Taf's performance was also lower than the All Wales average of 72.4% but remains above the target of 65%.

Delayed Transfers of Care (DToCs) - The DToC position this period improved slightly to 33 having been 36 in February. The DToC position continues to remain higher than the first half of the year and also above the corresponding level for March 2018.

Referral to Treatment Times (RTT) – The end of year reported position is that the Health Board successfully delivered 52 and 36 week targets for 2018/19 with zero patients waiting over 36 weeks for treatment. This is a fine achievement given the challenges that arose particularly in the second half of the year, highlighting as in previous years the commitment from Directorates to deliver on their IMTP targets.

The focus will now switch to the new financial year and the need to deliver to the performance trajectory agreed within the 2019-20 IMTP, with the added challenge of reduced availability of clinical staff to backfill available sessions. This has the potential to reduce the level of activity that can be delivered to below what has been included in the latest demand and capacity assessments as consultants consider the potential impact on personal tax contributions through undertaking additional sessions.

The end of year reported position for 26 weeks was 91.6%, 1.2% below the position for March 2018. Whilst this is below the IMTP target level of 92%, the Health Board has responded well to increases in demand in a number of specialties, particularly Dermatology.

Follow-Up Outpatients Not Booked –The number of patients waiting for an outpatient follow-up (not booked) who are currently delayed past their agreed target date as at 31 March 2019 is 19,586. This is an improvement on the December position of 20,163. Target areas going forward are Ophthalmology, Orthopaedics and Gynaecology, with initiatives underway.

Diagnostic Waits – The reported end of year position is 27 patients waiting over 8 weeks, compared to 72 in March 2018. These 27 are in two areas, with 13 waiting for Diagnostic Angiography and 14 waiting for an Endoscopy.

As with RTT, there is a challenging performance trajectory for 2019-20. Initial concerns moving into the new financial year, are twofold. Firstly the impact of the loss of the mobile MRI scanner on 21 April with the new scanner not being commissioned until approximately the second week of May. Secondly there is a necessity to put an immediate plan in place to address concerns around General Medicine Echocardiograms.

Cancer 31 and 62 Day Target - The 31 day target Non Urgent Suspected Cancer (NUSC) of 98% was narrowly missed in February with two breaches, both in Urology, resulting in a compliance level of 97.9%. For both patients, the decision to treat was made at the tertiary centre, hence the full wait was at the tertiary centre.

The 62 day target Urgent Suspected Cancer (USC) compliance was 91% for February, a further improvement on last month's progress, with breaches in Urology again low at two, as was the case in January. In total there were seven breaches, with the reasons for non-achievement being delays awaiting diagnostic investigations and delays awaiting surgery, both local and tertiary.

Stroke Quality Improvement Measures (QIMs) – During March, a total of 51 patients were recorded within the Sentinel Stroke National Audit Programme (SSNAP) database.

During the month, six patients met the eligibility criteria - all six patients were thrombolysed. No patients were thrombolysed within 45 minutes.

The UHB continues to struggle to remain above the All Wales position for the majority of the QIM measures. The new QIMs introduced on 1 April 2019 cover the broader patient pathway. Compliance with the new QIMs will be monitored closely.

Mental Health Measure – Part One of the Mental Health Measure relates to primary care assessment and treatment and has a target for 80% of referrals to be assessed within 28 days. March compliance unfortunately fell slightly to 51.2% from 55.2% in February.

The percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Services (LPMHSS) was 95.1% in March, a good improvement on the February compliance figure of 93.9%.

Part Two of the Mental Health Measure: i.e. % of Cwm Taf residents who have a valid Care Treatment Plan completed by the end of each month improved in March to 89% from 87.8% in February (84.9% for January). Steady improvement continues to be seen in adult learning disability and older patient mental health services performance. Unfortunately, the continuing challenges within CAMHS, meant that the target of 90% was not quite achieved.

Part Three of the Mental Health Measure i.e. "All Health Board residents who have been assessed under Part 3 of the Mental Health Measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place" once again was 100% for March.

Primary Care CAMHS - The Cwm Taf p-CAMHS waiting list has been growing since March, and increased slightly from 313 in January, 316 in February to 341 in March. In addition, the maximum waiting time further reduced to 26 weeks from 30.

The service has seen a significant increase in demand this year, though Directorate initiatives over a number of months have at least stabilised the waiting list despite the continued growth in referrals. The service has recruited one additional member of staff, with waiting list initiative clinics supporting the position until a second member of staff is recruited.

Whereas there are long waiting times for assessment, the target for intervention within 28 days continues to be met, with the compliance for March being 89.5% having been 93.8% in February.

Within the Directorate, a harm review is being undertaken at the request of the Quality Safety and Risk Committee and support is being provided for Quarter one by the Delivery Unit on p-CAMHS pathways and performance.

Specialist CAMHS - Compliance against the 4 week target (28 days) for Specialist CAMHS services for Cwm Taf for March was 89%. Compliance for Cardiff and Vale continues to lag behind, which was to be expected given delays in getting approval to proceed with additional clinics. This service transferred back to Cardiff and Vale UHB from 1 April 2019.

Specialist CAMHS	ABMU	C&V	CT	Total
Total Waiting List	139	16	119	274
Waiting 0 - 3 weeks	123	9	106	238
Waiting 4+ weeks	16	7	13	36
% <4 weeks	88%	56%	89%	87%
Longest Waiter in weeks	6	10	12	12

Neurodevelopment - Compliance against the 26 week target for Cwm Taf for Neurodevelopment services improved again in March for Cwm Taf, with overall compliance across all Health Boards also improving to 79%.

Neurodevelopmental	ABMU	C&V	CT	Total
Total Waiting List	30	2	410	442
Waiting 0-25 weeks	30	1	319	350
Waiting 26+ weeks	0	1	91	92
% < 26 weeks	100%	50%	78%	79%
Longest Waiter in weeks	20	26	39	39

3.4 Workforce

Analysis is carried out regularly within the Workforce and Organisational Development (OD) Directorate on resourcing and recruitment, sickness absence rates, personal development review (PDR) rates, Statutory & Mandatory training, and Medical and Dental Job Plans. The source of data for this analysis is Electronic Staff Record (ESR) Business Intelligence.

Resourcing and Recruitment – headcount at the end of March was 8,353 (7,332.27 WTE). Our cumulative change in whole time equivalent (WTE) for the month of March was -40.36, which gives a position of greater net leavers than joiners. Over a 12 month rolling period our net change in WTE is -119.58.

Four directorates continue to make improvements in their agency expenditure in 2018/19 compared to 2017/18. The directorate of Acute Medicine and A&E saw a significant decrease of £1.3m, with the directorates of Head & Neck, Mental Health and Pathology also seeing substantial decreases in this area of spend.

Spend within Pathology is expected to continue to reduce as substantive posts are recruited to.

Agency expenditure 2018/19 was £12m in which was a £200k increase compared to 2017/18. Increases in spend are visible in CAMHS and General Surgery, T&O and Urology attributed to vacancies; and within Obstetrics & Gynaecology and Paediatrics due to temporary gaps in rotas arising from the South Wales programme.

In terms of recruitment, in the last three months, offers of employment have been made to:

- 8 Consultants (including NHS Locums)
- 11 Middle grades (including NHS Locums)

The one-year Retinue Managed Solution Service continues to prove fruitful. Prior to the Retinue contract implementation, only 46% of all bookings were booked via this process, this has now increased to 100%. The Health Board have mandated that individual directorates do not have the delegated authority to book locum doctors directly, which has facilitated this compliance.

The managed service provides clear reporting, visibility on costs and rate negotiation and compliance to ensure the UHB attracts quality locum doctors to work alongside our substantive teams to deliver high quality, safe sustainable services to our patients.

As part of the procurement process, KPI's were set for Retinue to drive down the capped rates and increase the Direct Engagement (DE) uptake, thus realising 20% VAT saving on each locum booking. Retinue are in the process of meeting with all Clinical Directors and agency locums currently working via Non-DE to transition them to the DE model.

Ten nurses from the Philippines have joined Cwm Taf since 2016, nine are now in receipt of their Nursing and Midwifery (NMC) registration and our tenth recruit is preparing for their final exam. A further 10 are actively working towards being able to relocate from the Philippines but at this stage there is no indication of when they are likely to pass their relevant exams. Work to recruit the overseas MSc Professional Practice students at University of South Wales continues. Of the 18 recruited, 15 have started on wards in the Royal Glamorgan Hospital (RGH). Three recruits are going through their pre-employment checks and it is intended that these will commence in Prince Charles Hospital (PCH).

The Practice Development Nurses are supporting a peer group for these individuals, with a view to building links with the nurses from the Philippines to support English and NMC requirements.

There are 164.92 WTE Nursing and Midwifery Registered staff vacancies in acute and community wards (1 May 2019) – this is a significant increase on previous reports, largely because of the establishment uplifts for the Nurse Staffing Levels (Wales) Act.

Recruitment continues for all vacancies, and we are actively participating in the Student Streamlining process to recruit newly qualified staff.

We are currently out to tender for a further international nurse recruitment campaign, with a view to launching the campaign in June/July.

Alternative Clinical Practitioners - Two Physician Associates Interns (PAs) commenced employment in Primary Care and a third had passed their national final exams and will be starting in the spring of 2019. One Experienced PA commenced in Acute Medicine PCH on 25 February however confirmation has been received that the second PA has failed their national final examinations. This post will go back out to advert. Both PAU posts have been appointed to and have commenced in post.

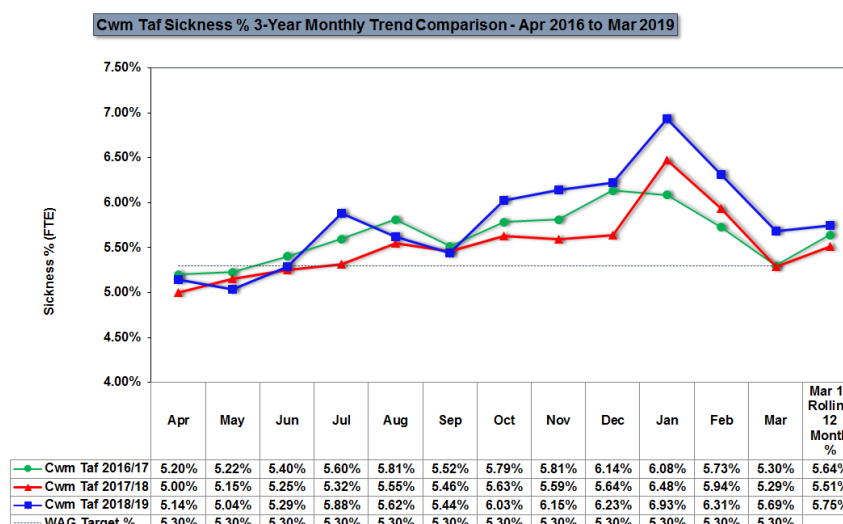
Colleagues from workforce and the Executive teams are meeting with Paediatrics/CAMHS, Primary Care, Mental Health and Surgery to support them to develop a business case which will hopefully result in the advertisement of further PA posts.

Discussions are also taking place with Surgery, Mental Health and CAMHS in relation to alternative Clinical Practitioners being used to fill medical gaps. There were examples in the local IMTPs on alternative roles undertaking tasks that traditional done by medics e.g. Cardiology.

Turnover - the rolling average is 9.78% in March 2019. Professional and Technical staff group is the highest at 12.68% and Nursing and Midwifery the second highest staff group at 12.04% with 33% of our nurses leaving due to retirement.

Sickness

Absence – March 2019 saw a reduction in the sickness absence rate to 5.69%, which remains above the Cwm Taf target of 5.30%.



Training for the new Attendance Management Policy commenced in November 2018. Schedule of dates have been agreed to 1 April 2019, with 6 sessions per month.

Twelve Directorates are above the 5% Cwm Taf target with 18 Directorates below target. The 'Sickness Work Stream' is focusing on areas with high sickness levels, especially Health Care Support Workers (HCSW), focussing on deep dives and audits in these areas and the roll out of the new Attendance Management Policy and training. Sickness absence data is scrutinised at monthly CBMs and at monthly nurse staffing meetings.

ESR Self Service Roll-out & E-Systems – As at 31 March 2019, against a target of 100%, 99.77% of employees are now managed by a manager with self-service access, and 95.12% of employees have an active ESR Self Service account. 91.51% of employees are accessing their payslip electronically. The roll-out programme for e-payslip has been on hold to redirect resource to managing the Bridgend boundary data integration, and work on integrating this data will continue throughout May and reporting on the 'wider' CTMUHB should commence in June. It is anticipated that the next IMTP quarterly update will report a significant dip in percentage compliance due to limited roll-out of Employee Self Serve and Manager Self Serve in the Bridgend Boundary areas.

Training and Development Compliance – The personal development review (PDR) compliance rate at the beginning of May was 50% a drop of 23% since the previous month. However it is known that this perceived drop is due to the recent extension of the CTMUHB boundary.

The UHB relies on ESR to monitor compliance with PDR requirements. Staff from the Bridgend area have been transferred into the new UHBs ESR database but the associated PDR data is not yet reportable, resulting in the majority of the transferred staff incorrectly showing as non-compliant in regards annual PDRs.

The Health Board has a data file containing the PDR records for staff transferring from Bridgend and work has commenced to update these ESR records. However, this is not able to be completed via a mass upload and it is anticipated that this work will take several months to complete with existing resources.

The Health Board also relies on line managers recording PDR information within ESR. Line managers in the Bridgend area are currently unable to do this due to the limited roll-out of Manager Self-Serve and Employee Self Serve in the Bridgend boundary areas. In the interim, the Learning & Development department have a process in place to allow line managers from the Bridgend area to send PDR data to the team and this will be entered on their behalf.

Mandatory and statutory training compliance for Core Skills Training Framework (CSTF) Level one is 76 % with the UHB compliance for CSTF across all levels at 62% (figures do not include the Bridgend boundary areas).

Work on identifying and uploading CSTF training requirements to each Bridgend boundary area position is due to commence. It is estimated this work will take several months to complete within existing resources

Workforce Utilisation – The Health Board continue to see an increasing trend for nursing demand. External (agency) supply is exceeding internal (bank and overtime) supply. Overtime in the last three months is higher than the previous three months. March 2019's demand has been considerably higher than 2017/2018. Top areas of Registered Nurse (RN) demand are RGH A&E (13.31 WTE), PCH ITU (12.95) and PCH A&E (11.09 WTE).

HCSW demand remains high however, the level has remained below that of August. Our top areas of HCSW demand are Ysbyty Cwm Rhondda (YCR) Ward A1 (15.94 WTE), PCH CDU (14.45 WTE) and Ysbyty Cwm Cynon (YCC) Ward 2 (10.55 WTE). The demand for HCSW is primarily due to sickness, supervision, acuity levels, and vacancies on the wards. Demand across nursing and HCSW is linked to vacancies, sickness and acuity. It is also affected by staff being able to earn more working shifts via agencies.

Job Planning – Following the implementation of the three step process reported in the last quarterly update, seven Directorates have increased their percentage of signed off job plans bringing the total to 30% across the Health Board with a further 23% either in progress or awaiting sign off.

There has been a drop in the number of expired job plans from 200 to 164, and a reduction in the number of job plans that have not been undertaken or recorded on the system to 27; Obstetrics & Gynaecology (1), Head & Neck (3), CAMHS (3), Acute Medicine and A&E (7), General Surgery, Trauma & Orthopaedics (T&O) & Urology (7).

The job planning administrator and the Assistant Medical Director (AMD) for Medical Efficiency and Productivity has met with each Directorate to agree a schedule of work to ensure each doctor in the Health Board has a job plan review booked in the coming months, and that particular focus is given to the 27 job plans not currently recorded.

Continued discussions regarding agreed Rotas has delayed job plan reviews in Obstetrics & Gynaecology and Paediatrics (SWP) and General Surgery, T&O & Urology (Getting it Right First Time (GIRFT)).

Employee Engagement - In order to harness Staff Engagement as a continuous activity rather than in direct response to periodic national surveys, there are three defined levels of activity each working together enhancing engagement in Cwm Taf:

- Measuring Engagement
- Promoting Active Engagement
- Living Engagement

An action plan has been developed which will inform priority areas for the 2018/19 activity. Work on activity in each of these levels has continued over this quarter and activities rated using Improve (red), Strengthen (amber), Maintain or Introduce (green).

[illegible]

Engagement Strategy Framework progress			
Theme	Action	RA G	Timeline
2. Promoting Engagement – core skills and PDR	<p>Over the last 6 months our focus has shifted from Core Skills level 1 to include requirements at levels 2 and 3. Actual requirement levels have been identified for all CSTF subjects and ESR populated. These competencies were made visible to staff June 2018. Training compliance levels at 2&3 have already started to rise.</p> <p>Compliance levels reports were sent to Directorate management teams in November, and reported in CBMs from December 2018. Interpretation of the reports will be supported by Learning and Development staff.</p> <p>New PDR documentation has been developed, with two major areas of enhancement to improve the quality of experience; Health and Wellbeing questions and Alignment of individual objectives to Health Board Strategy and health and wellbeing.</p>		<p>November/December 2018</p> <p>February 2019</p>
3. Promoting Engagement : Organisational Wide listening Events	<p>Two successful Chief Executive Engagement events for senior leaders and managers were held; 24 September and 11 February, where colleagues from Cwm Taf and Bridgend came together. Two further engagement events have been held aimed at Bridgend staff, to meet the CEO and execs.</p>		<p>September 2018</p> <p>February 2019</p> <p>March 2019</p> <p>April 2019.</p>
4. Promoting Engagement: Aston Team Care	<p>The Aston / Team Care model continues to be utilised as a team improvement intervention, in relation to clarity of purpose, working relationships and alignment around core objectives within teams.</p> <p>We now have 10 Affina/Aston coaches. However we are seeing the Aston principles and journeys weaving into our current work streams/commissions/bespoke pieces of work.</p> <p>Following review we are now developing a different model of team leader support, rather than 1:1 with a coach, to enable a more sustainable model for team development journeys. The Team Care Engagement Programme incorporates elements of the Aston Journey and will engage staff with a multi-faceted learning space and is now running within the organisation.</p>		<p>January 2019</p>

Engagement Strategy Framework progress			
Theme	Action	RA G	Timeline
5. Promoting Engagement	A series of Masterclass events are being planned for 2019/20. These 2.5 hours sessions will include; inspirational speakers, Continuing Professional Development opportunities, Time to Think, as well as providing networking opportunities.		June 2019 for first session
6. Living Engagement Recognition Scheme	<p>Our Staff and Patient Recognition Scheme has been launched and has proved very popular with 61 nominations received by the end of March. Recognition is an important driver of engagement</p> <p>Our intention, based on analysis from other similar recognition schemes, is to;</p> <ul style="list-style-type: none"> place a spotlight on our ethos of Cwm Taf Cares improve staff sense of recognition compliments our 'living engagement' aim within our engagement framework deepen our understanding of how staff interpret 'Cwm Taf Cares' The model can be adapted in the future to recognise other dimensions of organisational life Extract 'live' data that informs us of the values that are being loved and exhibited by our staff and appreciated by others 		November 2018

3.5 Finance

Financial targets

The Health Board has a statutory duty to achieve a break even position over a period of three financial years. This duty applies to both revenue and capital expenditure. The Health Board also has an administrative duty to pay a minimum of 95% of all non-NHS invoices within 30 days.

The draft accounts for 2018/19 were submitted to WG on 26 April 2019. The table below details the Health Board's 2018/19 performance, subject to audit, against the three financial targets:

Target	2016-17 Actual	2017-18 Actual	2018-19 Draft	Rolling 3 year position Draft
Revenue To ensure that the Health Board's revenue expenditure does not exceed the aggregate of it's funding in each financial year. Measured by variance against plan to break even.	£18k surplus	£24k surplus	£16k surplus	£58k surplus
Capital To ensure net capital spend does not exceed the Welsh Government Capital Resource Limit. Measured by variance against plan to break even.	£5k surplus	£8k surplus	£10k surplus	£23k surplus
Public Sector Payment Policy To pay a minimum of 95% of all Non NHS invoices within 30 days. Measured by actual performance	89.6	95.3	96.2%	N/A

Savings

The total reported savings for 2018/19 was £12.9m which was a shortfall of £0.7m compared to the annual savings target of £13.6m.

	Annual target	Actual savings	Variance	Achievement
	£k	£k	£k	%
Delegated Savings	15,062	11,009	4,053	73
Non delegated Savings	2,700	1,867	833	69
Non delegated Savings Contingency	(4,162)	0	(4,162)	-
Total	13,600	12,876	724	95

The non delegated savings of £1.8m relate to Primary Care Prescribing savings arising from CAT M and PPRS price reductions.

A summary of the top 20 savings schemes for 2018/19 is shown below:

Top 20 Savings schemes in 2018/19	18/19 Savings
	£k
Primary Care Prescribing - CAT M price savings	1594
Primary Care Prescribing - Directortae schemes	1500
Continuing Healthcare	787
Continuing healthcare - review of existing MH cases	750
RGH A&E Consultant Rota Efficiencies - Recruitment	569
Review of LTA Activity & Marginal Rates	488
Valleys Life Initiatives	370
Primary Care Prescribing - PPRS	300
Management of cost pressures	288
Specialist Nursing	250
Rates Refunds	249
Medical premium - RGH Middle Grade Phase 1	227
RGH Theatre Nursing	221
Healthy visiting and school nursing vacancies	207
Salary Sacrifice	200
Review of IPFR and NCA budgets	200
New psychological services scheme	197
Biosimilars (paticularly Humira)	185
PCH A&E Junior Rota Compliance Enhancements	155
Reduction of Agency Radiographers Expenditure	155
Balance from remaining schemes	3985
Total	12876

Recurring position

The 2018/19 Financial Plan had a planned recurrent deficit going into 2019/20 of £4.8m. We are pleased to report that the actual recurring deficit being carried forward into 2019/20, as per our recent 2019/20 IMTP re-submission to WG on 7 March 2019, is £0.4m.

3.6 Governance

During the quarter, Dr Andrew Goodall attended a meeting with Board Members to discuss his letter of escalation and our status of enhanced monitoring and the related concerns raised by Officials, Regulators and Wales Audit Office, that triggered the escalation.

The concerns raised, related to:

- Maternity Services, which led to the commissioning by the Minister, of the Joint Royal Colleges Review.
- The quality of Serious Untoward Incident reporting.
- Quality Governance concerns raised within the WAO Structured Assessment work.

- IR(Me)R compliance and the Health Board being in breach of its statutory duties under Health & Safety @ Work Act, following a recent Healthcare Inspectorate Wales (HIW) inspection.
- Significant concerns raised in the Human Tissue Authority (HTA) inspection in 2018.
- Concerns about the Health Board's response to recommendations contained within HIW reviews and that some actions not completed on follow up review.
- Compliance with the Nurse Staffing Act and formal confirmation from the Board.

Members will note that at the time of compiling this report, the Joint Royal Colleges Review of Maternity Services, commissioned by the Minister for Health & Social Services, was published on 30 April 2019. The report identified significant failings and makes a large number of recommendations. In addition, the Minister announced, that the former CTUHB Maternity Service has been escalated to 'Special Measures' and the organisation has been further escalated to Targeted Intervention. The Health Board is currently working with officials and the external support appointed by the Minister, which will support the required actions.

Action is being taken, where necessary, to address the reported issues along with changes to the Board's governance arrangements, including increased meeting frequency of the Quality, Safety & Risk Committee (from quarterly to monthly), to ensure sufficient time is in place to fully consider and scrutinise this important area of the Board's work, along with reporting and where appropriate, escalation to the Board.

The Health Board should be assured that progress continued to be made during the fourth quarter of delivering against the IMTP. During 2018/19, the Clinical and Corporate Directorate Plans for 2018-21 continue to be monitored and discussed at the regular Clinical/Corporate Business Meetings, whilst the Efficiency, Productivity and Value Board, with the support of the Programme Management Office (PMO), continues to scrutinise the cross-cutting themes.

4 **RECOMMENDATIONS**

The Health Board is asked to:

- **DISCUSS** and **NOTE** the progress made against the Plan in Quarter 4 of 2018/21.
- **APPROVE** the report for onward submission to the Health Board and Welsh Government.

Freedom of information status	Open
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